



### Additional Life and Accidental Death and Dismemberment (AD&D) Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

### Employer Plan Effective Date

The *group policy* effective date is January 1, 2010. Your *employer* will provide Basic Life coverage from The Standard. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

### Eligibility

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of the City of Torrance, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- You must be regularly working at least 20 hours each week
- For Dependents Life insurance – Your *spouse* or *children* must not be full-time members of the armed forces

### Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000 to a maximum of \$300,000. The minimum amount you can elect is \$10,000.

If you wish to become insured for an amount of Additional Life in excess of \$100,000 the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Additional Accidental Death and Dismemberment insurance from Standard Insurance Company is also included in this plan.

### Spouse Coverage Amount

This coverage is available in units of \$10,000 to a maximum of \$300,000, but not to exceed 100 percent of your combined Basic and Additional Life coverage.

If you elect an amount for your *spouse* greater than \$30,000 the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

If you elect Dependents Life coverage for your *spouse*, you may also elect a matching amount of Dependents AD&D coverage for your *spouse*.

### Coverage Amount for Children

This coverage is available in units of \$1,000 to a maximum of \$10,000, but not to exceed 100 percent of your combined Basic and Additional Life coverage. All late applications will be subject to medical underwriting approval.

If you elect Dependents Life coverage for your eligible *child(ren)*, you may also elect a matching amount of Dependents AD&D coverage for your *child(ren)*.

**Employee Life Rates**

If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Age (as of last January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.064
30-34	\$0.072
35-39	\$0.096
40-44	\$0.153
45-49	\$0.264
50-54	\$0.392
55-59	\$0.592
60-64	\$0.968
65-69	\$1.752
70-74	\$2.480
75+	\$2.480

To calculate your premium:

1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: \_\_\_\_\_

**Employee AD&D Rates**

If you elect to add AD&D insurance to your Additional Life insurance, your monthly premium rate is \$0.05 per \$1,000 of AD&D benefit added to the above rates. Premiums for this coverage will be deducted directly from your paycheck.

**Spouse Life Rates**

If you elect Dependents Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of last January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.064
30-34	\$0.072
35-39	\$0.096
40-44	\$0.153
45-49	\$0.264
50-54	\$0.392
55-59	\$0.592
60-64	\$0.968
65-69	\$1.752
70-74	\$2.480
75+	\$2.480

To calculate the premium for your *spouse*:

1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: \_\_\_\_\_

**Spouse AD&D Rates**

If you elect to add AD&D insurance to Dependents Life insurance for your *spouse*, your monthly premium rate is \$0.05 per \$1,000 of AD&D benefit added to the above rates. Premiums for this coverage will be deducted directly from your paycheck.

### Child(ren) Life Rates

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.08 per \$1,000; regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.

### Child(ren) AD&D Rates

If you elect to add AD&D insurance to Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate is \$0.05 per \$1,000 of AD&D benefit added to the above rates. Premiums for this coverage will be deducted directly from your paycheck.

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance including Dependents Life insurance, your insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.

### Age Reductions

Under this plan, coverage reduces to 65 percent at age 70 and 50 percent at age 75 for you and your *Spouse*.

### Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted *injury*. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

### Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 60
- Complete the *waiting period* of 180 days
- Give us satisfactory *proof of loss*

*Waiver of Premium* does not apply to AD&D insurance.

### Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

### When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse*, the date of your divorce or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

### Accidental Death and Dismemberment (AD&D) Insurance

With Additional AD&D insurance from Standard Insurance Company, you or your *beneficiaries* may be eligible to receive an additional amount in the event of death or dismemberment as a result of an accident.

### AD&D Insurance Coverage Amount

The amount of this *AD&D Insurance Benefit* for *loss* of life is equal to the amount payable for Additional Life insurance coverage on the date of the accident.

The amount of this *AD&D Insurance Benefit* for other covered *losses* is a percentage of the amount payable for Additional AD&D insurance coverage on the date of the accident, as shown in the following table:

<u>Loss:</u>	<u>Percentage Payable:</u>
One hand or one foot	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the <i>losses</i> listed above	100%
Thumb and index finger of the same hand	25%
<i>Quadriplegia</i>	100%
<i>Hemiplegia</i>	50%
<i>Paraplegia</i>	50%

### Additional Features

Following are brief descriptions of features included in this plan. These features offer additional benefits when an *AD&D Insurance Benefit* is payable.

Seat Belt Benefit	This provision provides an additional benefit in the event of a covered <i>automobile</i> accident.
Air Bag Benefit	This provision provides an additional benefit in the event of a covered <i>automobile</i> accident for which a <i>Seat Belt Benefit</i> is payable.
Family Benefits Package	Through this provision, your eligible family members may be entitled to receive additional financial help for child care, college or career training. Included are the <i>Child Care Benefit</i> , <i>Higher Education Benefit</i> and <i>Career Adjustment Benefit</i> .
Occupational Assault	This provision provides an additional benefit if you suffer death or dismemberment as a result of an act of workplace physical violence that is punishable by law. <b>(Employee Only)</b>
Public Transportation	This provision provides an additional benefit in the event of death as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation. <b>(Employee Only)</b>

### Limitations

The *loss* must occur solely by an accident and independently of all other causes, within 365 days after the accident. *Loss* of life must be evidenced by a certified copy of the death certificate. All other *losses* must be certified by a *physician* in the appropriate specialty as determined by us.

### Exclusions

*AD&D Insurance Benefits* are not payable for death or dismemberment caused or contributed to by:

- *War* or act of *war*, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted *injury*, subject to state variations
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a *physician*
- *Sickness* or *pregnancy* existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

### When Coverage Ends

AD&D insurance for you and your *dependents* will automatically end on the earliest of the following:

- The date your Life insurance ends
- The date your *Waiver of Premium* begins
- The date AD&D insurance terminates under the *group policy*
- The date the last period ends for which a premium was paid for your AD&D insurance
- The date your *employer's* coverage under the *group policy* for AD&D insurance terminates
- For your *dependents*, the date your Dependents Life insurance ends
- The date your employment terminates

### Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.